



TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Certified Peer Recovery Specialist Volunteer Service Summary

The applicant named below is applying for certification as a Peer Recovery Specialist with the State of Tennessee. For Peer Recovery Specialists currently volunteering with your organization, the immediate supervisor should complete the following form regarding the applicant's volunteer service responsibilities and supervisory plan. Fax the completed Volunteer Service Summary to the Peer Recovery Coordinator at 615-253-3920. For questions, please contact the Office of Consumer Affairs and Peer Recovery Services toll-free at 1-800-560-5767.

Applicant's name _____

Title of applicant's volunteer position (if applicable) _____

Has the applicant volunteered to provide peer recovery services with your organization? ☐ YES ☐ NO

Has the applicant named above volunteered at minimum 75 hours of peer recovery services? ☐ YES ☐ NO

Dates of volunteer service providing peer recovery services _____

A Certified Peer Recovery Specialist must be under the supervision of a behavioral health professional in accordance with acceptable guidelines and standards of practice as defined by the State. Please provide the following information regarding the agency staff that provides direct supervision:

Supervisor's Name _____ Credentials _____

Title _____

Agency/Organization _____

Address _____

City, State, ZIP _____

Phone (with area code) _____

Email _____

Describe the nature of the applicant’s volunteer responsibilities/duties providing peer recovery services within your agency/organization:

Describe in detail the nature of your direct one-on-one supervision interactions with this applicant:

My signature below affirms that all of the information contained in this document is true.

Signature of Immediate Supervisor _____ Date _____